

Annex 14: Registration Assessment Tool

Scope/Coverage:

- More than one Region/ Nationwide
- Regional

Organizational Status

- Intending to Operate
- Operational
- 0 to 3 years
- 4 to 6 years
- 7 to 9 years
- 10 years & above

I. Identifying Information:

1. *Name of SWDA:* _____
2. *Address:* _____
3. *Agency Head and Designation:* _____
4. *Telephone/Mobile/Fax Number/s:* _____
5. *Social Media Account:* _____
6. *E-mail Address:* _____
7. *Website:* _____

II. Documentary Requirements: *(Please put check as appropriate)* If available indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

Requirements	Available		Findings/Observations
	Yes	No	
A. BASIC DOCUMENTS			
1. Accomplished Application Form (Annex 1) and copy of the official receipt for the processing fee			
2. Updated Copy of Certificate of Registration and latest Articles of Incorporation and bylaws indicating that the organization's primary purpose is within the purview of social welfare and development issued by SEC that gives a juridical personality to a non-stock non –profit organization to operate in the Philippines			

Note: Due to the sensitive and confidential nature of information contained herein (inclusive of attachments), all recipients hereof shall access and use the information obtained herein strictly in pursuance of the DSWD's mandate to register, license and accredit social welfare and development agencies (SWDAs). Without prejudice to the provisions of the Republic Act 10173 (Data Privacy Act of 2012), any processing, disclosure, copying or distribution of the contents hereof for any other purpose is strictly prohibited.

Requirements	Available		Findings/Observations
	Yes	No	
3. Copy of any of the following:			
3.1. Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others			
3.2. Brochure			
3.3. Duly signed Work and Financial Plan for at least two (2) years by the Head of Agency			

Part II. Other Salient Findings/Observations

Part III. Recommendations: (Please check appropriate box and fill-up the requested information below:

A. For Issuance:

Based on the above findings, _____ (Name of SWDA)
 is ready for issuance of registration certificate.

Assessed by:

_____ (Name and Signature of DSWD Technical Staff or Authorized Intermediary)	_____ (SB/Field Office/ABSNET)
_____ (Designation)	_____ (Date)

Endorsed by:

_____ (Signature and Printed Name of the assigned DSWD FO Division Chief/Standards Bureau SCMD Head)	_____ (Date)
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Approved by:

_____ (Signature and Printed Name of the Standards Bureau Director/ FO Director)	_____ (Date)
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Note: Please use additional sheet/s, if necessary.

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